



05:44pm

From-PILLSBURY WINTHROP SHAW PITTMAN LLP

213-6291033

T-172 P.004/004 F-465

PAK 1 B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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27496

7590

07/18/2006

PILLSBURY WINTHROP SHAW PITTMAN LLP

P.O. BOX 10500

McLean, VA 22102

08/03/2006 MAHMED2 00000051 033975 09328856

01 FC:1501 1400.00 DA
02 FC:8001 30.00 DA

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Keyvan Davoudian	(Depositor's name)
<i>Keyvan Davoudian</i>	(Signature)
8/2/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/328,856	06/09/1999	PHILIP T. DAVIS	3144.01A	7390

TITLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING INSURANCE PROTECTION AGAINST LOSS OF RETIREMENT ACCUMULATIONS IN A TAX FAVORED DEFINED CONTRIBUTION PLAN IN THE EVENT OF A PARTICIPANT'S DISABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	10/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RIMELL, SAMUEL G	2164	705-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Pillsbury Winthrop Shaw
Pittman LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CORPORATE COMPENSATION PLANS, INC. - Danbury, CT
OF CONNECTICUT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 033975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Keyvan Davoudian

Date

8/2/06

Typed or printed name

Keyvan Davoudian

Registration No.

47,520

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Attorney's Docket 018680-0250518

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re PATENT APPLICATION of:
PHILIP T. DAVIS

Confirmation No: 7390

Application No.: 09/328,856

Group Art Unit: 2164

Filed: June 9, 1999

Examiner: SAMUEL G. RIMELL

Title: METHOD AND SYSTEM FOR PROVIDING INSURANCE PROTECTION
AGAINST LOSS OF RETIREMENT ACCUMULATIONS IN A TAX FAVORED
DEFINED CONTRIBUTION PLAN IN THE EVENT OF A PARTICIPANT'S DISABILITYCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8**I hereby certify that the following papers are being facsimile transmitted
to the Patent and Trademark Office at (571) 273-2885 on the date shown below:

1. Issue Fee Transmittal
2. Form PTOL-85B

PILLSBURY WINTHROP SHAW PITTMAN LLP

KEYVAN DAVOUDIAN

Reg. No. 47520

Date: August 2, 2006
725 South Figueroa Street, Suite 2800
Los Angeles, CA 90017-5406
Telephone: (213) 488-7100
Facsimile: (213) 629-1033

(Certification of Facsimile Transmission—page 1)

Aug-02-06

05:44pm

From-PILLSBURY WINTHROP SHAW PITTMAN LLP

213-6291033

T-172 P.002/004 F-465

PATENT
18680-250518

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Philip T. DAVIS, et al.

Serial No.: 09/328,856

Filed: June 9, 1999

For: METHOD AND SYSTEM FOR PROVIDING
INSURANCE PROTECTION AGAINST LOSS OF
RETIREMENT ACCUMULATIONS IN A TAX FAVORED
DEFINED CONTRIBUTION PLAN IN THE EVENT OF A
PARTICIPANT'S DISABILITY

Confirmation No.: 7390

Date of Notice of Allowance:
July 18, 2006

I hereby certify that this correspondence is being facsimile transmitted to: (571)273-2885, MAIL STOP ISSUE FEE,
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 2, 2006.

By:

Keyvan Davoudian, Reg. No. 47,520

TRANSMITTAL OF ISSUE FEE

MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Allowance dated July 18, 2006, enclosed is Form PTOL 85,
Issue Fee Transmittal Part B.

The Commissioner is hereby authorized to charge Deposit Account No. 033975 of the
following fees:

- a) Issue Fee in the amount of \$1,400.00 (fee code 1501)
- c) Fee for advance order of 10 soft copies in the amount of \$30.00 (fee code 8001)

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From-PILLSBURY WINTHROP SHAW PITTMAN LLP

213-6291033

T-172 P.003/004 F-465

PATENT
18680-250518

The Commissioner is further authorized to charge any deficiency in payment or credit
any overpayment to the aforementioned account number. A copy of this Transmittal is enclosed.

Respectfully submitted,

PILLSBURY WINTHROP SHAW PITTMAN LLP

Dated: August 2, 2006

By: *Keyvan Davoudian*
Keyvan Davoudian
Registration No. 47,520
Attorney for Applicant(s)

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